

Case Number:	CM14-0003257		
Date Assigned:	01/31/2014	Date of Injury:	12/29/2006
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 12/29/2006. The mechanism of injury was not stated. Current diagnoses include nerve pain, post laminectomy syndrome, cervical degenerative disc disease, carpal tunnel syndrome, H pylori infection, neurogenic bladder, headache, right wrist pain and bilateral venous stasis. The injured worker was evaluated on 01/16/2014. Current medications include Opana 10 mg, Atenolol 25 mg, Ibuprofen 600 mg and Prevacid 30 mg. The patient reported 9/10 pain. Physical examination revealed moderate edema in bilateral upper and lower extremities, full range of motion of the cervical spine, positive Phalen's testing on the right with numbness in the long finger, 5/5 motor strength in the upper extremities, tenderness to palpation in the lumbosacral junction, painful range of motion of the lumbar spine, full range of motion of bilateral lower extremities, 4/5 dorsiflexion on the left and venous discoloration of bilateral lower extremities. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

IBUPROFEN (MOTRIN, ADVIL) 600MG ORAL TAB 90 TAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized Ibuprofen 600 mg since 01/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. The injured worker continues to report 9/10 pain. There is also no frequency listed in the current request. Therefore, the request for Ibuprofen 600mg oral tab #90, is not medically necessary and appropriate.

ATENOLOL (TENORMIN) 25MG ORAL TAB 30 TAB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Diabetes Chapter, Hypertension Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines state hypertension treatment is recommended after lifestyle modification. Atenolol is a first line, fourth edition beta blocker. In this case, there is no evidence of chronic hypertension. There is also no documentation of a failure to respond to lifestyle modifications or first line treatment prior to the initiation of a fourth edition medication. Additionally, there is a no frequency listed in the current request. As such, the request is non-certified.

OPANA 10MG ORAL TAB 120 TAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized Opana ER since 01/2013. There is no evidence of objective functional improvement. The patient continues to report high levels of pain. There is also no frequency listed in the current request. Therefore, the request for Opana 10mg oral tab is not medically necessary and appropriate.